

MDHHS Outpatient Prospective Payment System

Wrap Around Codes

Effective October 1 to December 31, 2015

MDHHS Status Indicators Key

A1 = MDHHS Covered
A2 = Dialysis Services
A3 = Hospital Owned Ambulance Service
A4 = Non-Medicare Covered Services

A5 = Medicaid Covered Vaccines
A6 = Vaccines for Children
A7 = State Plan Reimbursement
A8 = Healthy Michigan Plan Only

R1 = MDHHS Non-Covered Items

Covered			
Code	Fee	Status Indicator	Description
0019T	\$0.00	A1	Extracorp shock wv tx,ms nos
58300	\$16.95	A4	Insert intrauterine device
80055	\$38.39	A1	Obstetric panel
81161	M	A1	DMD DUP/DELET ANALYSIS
81228	\$111.19	A1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
81229	\$111.19	A1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES
90284	M	A4	Human ig, sc
90460	\$7.00	A7	Im admin 1st/only component: Immunization Administration through 18 years of age via any route of administration w/counseling by physician or other qualified health care professional; first vaccine/toxoid/component

Covered			
Code	Fee	Status Indicator	Description
90461	\$0.00	A7	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90471	\$7.00	A7	Immunization admin
90472	\$7.00	A7	Immunization admin, each add
90473	\$3.00	A7	Immune admin oral/nasal
90474	\$3.00	A7	Immune admin oral/nasal addl
90620	\$81.43	A5	Menb rp w/omv vaccine im (19-26 years)
90620UC	\$0.00	A6	Menb rp w/omv vaccine im (10 to 19 years)
90621	\$64.17	A5	Menb rlp vaccine im (19-26 years)
90621UC	\$0.00	A6	Menb rlp vaccine im (10 to 19 years)
90630	\$23.47	A5	Flu vacc iiv4 no preserv id
90633	\$0.00	A6	Hep a vacc ped/adol 2 dose (1 to 19 years)
90644	\$0.00	A6	MENINGOCCL HIB VAC 4 DOSE IM (6 weeks-18 months)
90647	\$0.00	A6	HIB VACCINE PRP-OMP IM (2 months-4 years)
90648	\$0.00	A6	HIB VACCINE PRP-T IM (2 months-4 years)
90649	\$155.03	A5	HPV (19 to 27 years)
90649UC	\$0.00	A6	HPV (9 to 19 years)

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Covered			
Code	Fee	Status Indicator	Description
90650	\$135.68	A5	HPV vaccine 2 valent, IM (19 to 26 years)
90651	\$172.08	A5	Hpv vaccine non valent im (9-27 years)
90651UC	\$0.00	A6	Hpv vaccine non valent im (9 to 19 years)
90654	\$18.92	A5	Flu vaccine no preserve, ID (18 and older)
90655	\$0.00	A6	Flu vaccine, no preserv 6-35m
90656	\$13.88	A5	Flu vaccine, no preserv 3 & > (19 and older)
90656UC	\$0.00	A6	Flu vaccine, no preserv 3 & > (3-19 years)
90657	\$0.00	A6	Flu vaccine, no preserv 6-35m
90658	\$11.37	A5	Flu vaccine 3 yrs & > im (19 and older)
90658UC	\$0.00	A6	Flu vaccine 3 yrs & > im (3-19 years)
90661	\$22.29	A5	Flu vacc cell cult prsv free
90662	\$36.32	A5	Flu vacc prsv free inc antig, age 65 and >
90670	\$0.00	A6	Pneumococcal vacc, 13 val im (6 weeks and older)
90672	\$26.88	A5	FLU VACCINE 4 VALENT NASAL(19 to 50 years)
90672UC	\$0.00	A6	FLU VACCINE 4 VALENT NASAL(2 to 19 years)
90673	\$37.19	A5	Vaccine for influenza administered into muscle, preservative and antibiotic free (18-49 years)
90680	\$0.00	A6	Rotovirus vacc 3 dose oral, 3 doses (6-31 weeks)
90681	\$0.00	A6	Rotovirus vacc 2 dose oral (6-23 weeks) (effective DOS on/after 8-01-08)

Covered			
Code	Fee	Status Indicator	Description
90685	\$0.00	A6	FLU VAC NO PRSV 4 VAL 6-35 M(Effective DOS on/after 7/1/2013)
90686	\$18.16	A5	FLU VAC NO PRSV 4 VAL 3 YRS+(19 and older)
90686UC	\$0.00	A6	FLU VAC NO PRSV 4 VAL 3 YRS+(0 to 19 years)
90687	\$0.00	A6	FLU VACCINE 4 VAL 6-35 MO IM
90688	\$18.27	A5	Flu vacc 4 val 3 yrs plus im (19 and older)
90688UC	\$0.00	A6	Flu vacc 4 val 3 yrs plus im (3-19 years)
90696	\$0.00	A6	Dtap-ipv vacc 4-6 yr im (effective DOS on/after 8-01-08)
90698	\$0.00	A6	Dtap-hib-ip vaccine, im (effective DOS on/after 8-01-08)
90700	\$0.00	A6	Dtap vaccine < 7 yrs im
90702	\$0.00	A6	Dt vaccine < 7 im
90707	\$0.00	A6	Measles, mumps & rubella virus vaccine (MMR), live, SC (0 to 19 years)
90710	\$0.00	A6	Mmr vaccine, sc
90713	\$0.00	A6	POLIOVIRUS IPV SC/IM (6 weeks and older)
90714	\$0.00	A6	TD VACCINE NO PRSRV 7/> IM
90715	\$0.00	A6	TDAP VACCINE 7 YRS/> IM
90716	\$88.10	A5	Chicken pox vaccine sc (19 and older)
90716UC	\$0.00	A6	Chicken pox vaccine sc (1-19 years)
90723	\$0.00	A6	Dtap-hep b-ipv vaccine, im
90732	\$82.51	A5	Pneumococcal vaccine (19 & older)

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90732UC	\$0.00	A6	Pneumococcal vaccine (0 to 19 years)
90734UC	\$0.00	A5/A6	Meningococcal vaccine, im age change * (2 months-55 years)
90736	\$208.95	A5	ZOSTER VACC SC (50 and older)
90740	\$119.42	A5	Hepb vacc, ill pat 3 dose im (19 and older)
90744	\$0.00	A6	Hep B vacc ped/adol 3 dose im
90746	\$59.71	A5	Hep b vaccine, adult, im
90747	\$119.42	A5	Hepb vacc, ill pat 4 dose im
90748	\$0.00	A6	Hep b/hib vaccine, im
92551	\$9.51	A4	Pure tone hearing test, air
92590	\$45.02	A4	Hearing aid exam, one ear
92591	\$45.02	A4	Hearing aid exam, both ears
92594	\$13.04	A4	Electro hearing aid test, one
92595	\$26.10	A4	Electro hearing aid test, both
92630	\$32.68	A4	Aud rehab pre-ling hear loss
92633	\$32.68	A4	Aud rehab postling hear loss
97014	\$7.52	A4	Electric stim -unattended
97039	\$6.13	A4	Physical therapy treatment
97139	\$8.32	A4	Physical medicine procedure
97799	M	A4	Physical medicine procedure
99381	\$49.41	A4	Prev visit, new, infant
99382	\$49.41	A4	Prev visit, new, age 1-4

Covered			
Code	Fee	Status Indicator	Description
99383	\$49.41	A4	Prev visit, new, age 5-11
99384	\$49.41	A4	Prev visit, new, age 12-17
99385	\$49.41	A4	Prev visit, new, age 18-39
99386	\$49.41	A4	Prev visit, new, age 40-64
99387	\$49.41	A4	Prev visit, new, 65 & over
99391	\$49.41	A4	Prev visit, est, infant
99392	\$49.41	A4	Prev visit, est, age 1-4
99393	\$49.41	A4	Prev visit, est, age 5-11
99394	\$49.41	A4	Prev visit, est, age 12-17
99395	\$49.41	A4	Prev visit, est, age 18-39
99396	\$49.41	A4	Prev visit, est, age 18-39
99397	\$49.41	A4	Prev visit, est, age 40-64
99401	\$49.41	A4	Prev counseling, indiv 15 min
99402	\$49.41	A4	Prev counseling, indiv 30 min
G0008	\$7.00	A7	Admin influenza virus vac
G0009	\$7.00	A7	Admin pneumococcal vaccine
G0010	\$7.00	A7	Admin hepatitis b vaccine
G0104	Medicare SI - S	A8	Ca screen;flexi sigmoidscope
G0105	Medicare SI - T	A8	Colorectal scrn; hi risk ind

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Covered			
Code	Fee	Status Indicator	Description
G0121	Medicare SI - T	A8	Colon ca scrn not hi rsk ind
G0328	Medicare SI - N	A8	Fecal blood scrn immunoassay
J1826	M	A4	Interferon Beta-1A inj
J7300	\$783.34	A4	Intraut copper contraceptive
J7301	\$689.33	A1	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg
J7302	\$859.14	A4	Levonorgestrel IU Contracep-Mirena
J7302KO	\$662.50	A4	Levonorgestrel IU Contracep-Liletta
J7307	\$817.81	A4	Etonogestrel implant system
Q2035	\$7.00	A7	Afluria vacc, 3 yrs & >, im
Q2036	\$7.00	A7	Flulaval vacc, 3 yrs & >, im
Q2037	\$7.00	A7	Fluvirin vacc, 3 yrs & >, im

Covered			
Code	Fee	Status Indicator	Description
Q2038	\$7.00	A7	Fluzone vacc, 3 yrs & >, im
Q2039	\$7.00	A7	NOS flu vacc, 3 yrs & >, im
S0077	\$2.32	A4	Clindamycin Phosph Inj 300mg
S4005	\$113.55	A4	Interim labor(labor occurring but not resulting in delivery/false labor)
S4989	\$127.82	A4	Contraceptive IUD
S9152	\$36.64	A4	Speech Therapy, re-evaluation
S9442	\$29.46	A4	Birthing Class
V5020	\$28.60	A4	Conformity evaluation
V5020GY	\$28.60	A4	Conformity evaluation
V5264	\$36.43	A4	Ear mold/insert

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Ambulance			
Code	Fee	Status Indicator	Description
A0225	\$146.08	A3	Neonatal Base Rate
A0420	\$30.73	A3	Amb Waiting Time per Half Hour
A0425	\$3.27	A3	Ground Mileage per statute mile
A0426	\$191.88	A3	Ambul Svc Non-Emerg ALS 1
A0427	\$191.88	A3	Ambul Svc Emerg ALS 1
A0428	\$105.32	A3	Ambul Svc Non-Emerg BLS
A0429	\$105.32	A3	Ambul Svc Emerg BLS

Ambulance			
Code	Fee	Status Indicator	Description
A0430	\$915.62	A3	Ambul Svc One Way Fixed Wing
A0431	\$1,204.85	A3	Ambul Svc One Way Rotary Wing
A0433	\$191.88	A3	Advanced Life Support ALS 2
A0435	\$10.97	A3	Fixed Wing Mileage Per Mile
A0436	\$14.33	A3	Rotary Wing Mileage Per Mile
A0998	\$105.32	A3	Ambul Response & Treat No Transport
A0999	M	A3	Unlisted Ambulance Service

Dialysis			
Code	Fee	Status Indicator	Description
90935	\$145.34	A2	Hemodialysis, one evaluation
90937	\$39.33	A2	Hemodialysis - Repeated Eval
90945	\$61.07	A2	Dialysis procedure other than hemodialysis (eg. Peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947	\$40.21	A2	Dialysis - Repeated Eval
90963	\$1,866.60	A2	ESRD related services, home dialysis per full month, 2 yrs & <
90964	\$1,866.60	A2	ESRD related services, home dialysis per full month, 2-11 yrs
90965	\$1,866.60	A2	ESRD related services, home dialysis per full month, 12-19 yrs

Dialysis			
Code	Fee	Status Indicator	Description
90966	\$1,866.60	A2	ESRD related services, home dialysis per full month, 20 yrs & >
90967	\$61.07	A2	ESRD related services, home dialysis < full month, per day, 2 yrs & <
90968	\$61.07	A2	ESRD related services, home dialysis < full month, per day, 2-11 yrs
90969	\$61.07	A2	ESRD related services, home dialysis < full month, per day, 12-19 yrs
90970	\$61.07	A2	ESRD related services, home dialysis < full month, per day, 20 yrs & >
90989	\$331.14	A2	Dialysis Training - Complete
90993	\$22.07	A2	Dialysis Training - Per Session

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Dialysis			
Code	Fee	Status Indicator	Description
90999	\$145.34	A2	Unlisted Dialysis procedure (*per Medicare, hemodialysis claims must include HCPCS 90999 on the line reporting Revenue Code 082X)
J0882	\$4.38	A2	Darb EPO - 1 mcg- ESRD Use
J0886	\$12.62	A2	Epoetin 1000 Units

Dialysis			
Code	Fee	Status Indicator	Description
Q0139	\$0.81	A2	Ferumoxytol, ESRD use
Q4081	\$1.26	A2	EPO - 100 units

Non-Covered			
Code	Fee	Status Indicator	Description
0009M	A	R1	Fetal aneuploidy trisom risk
0042T	N	R1	Ct perfusion w/contrast cbf
0051T	C	R1	Implant total heart system
0052T	C	R1	Replace component heart syst
0053T	C	R1	Replace component heart syst
0054T	N	R1	Bone surgery using computer
0055T	N	R1	Bone surgery using computer
0058T	Q1	R1	Cryopreservation ovary tiss
0071T	S	R1	U/s leiomyomata ablate <200
0072T	S	R1	U/s leiomyomata ablate >200
0075T	C	R1	Perq stent/chest vert art
0076T	C	R1	S&i stent/chest vert art
0095T	C	R1	Artific disectomy addl

Non-Covered			
Code	Fee	Status Indicator	Description
0098T	C	R1	Rev artific disc addl
0099T	T	R1	Implant corneal ring
0100T	T	R1	Prosth retina receive&gen
0101T	T	R1	Extracorp shockwv tx hi enrg
0102T	T	R1	Extracorp shockwv tx anesth
0103T	A	R1	Holotranscobalamin
0106T	Q1	R1	Touch quant sensory test
0107T	Q1	R1	Vibrate quant sensory test
0108T	Q1	R1	Cool quant sensory test
0109T	Q1	R1	Heat quant sensory test
0110T	Q1	R1	Nos quant sensory test
0123T	T	R1	Scleral fistulization
0126T	Q1	R1	Chd risk imt study

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Code	Fee	Status Indicator	Description
0159T	N	R1	Cad breast mri
0163T	C	R1	Lumb artif disectomy addl
0164T	C	R1	Remove lumb artif disc addl
0165T	C	R1	Revise lumb artif disc addl
0169T	C	R1	Place stereo cath brain
0171T	J1	R1	Lumbar spine proces distract
0172T	N	R1	Lumbar spine proces addl
0174T	N	R1	Cad cxr with interp
0175T	N	R1	Cad cxr with interp
0178T	B	R1	64 lead ecg w/i&r
0179T	S	R1	64 lead ecg w/tracing
0182T	S	R1	Hdr elect brachytherapy
0184T	T	R1	Exc rectal tumor endoscopic
0262T	C	R1	Impltj pulm vlv evasc appr
0263T	S	R1	Im b1 mrw cel ther cmpl
0264T	S	R1	Im b1 mrw cel ther xcl hrvt
0265T	S	R1	Im b1 mrw cel ther hrvt onl
0266T	C	R1	Implt/rpl crtd sns dev total
0267T	T	R1	Implt/rpl crtd sns dev lead
0268T	J1	R1	Implt/rpl crtd sns dev gen
0269T	Q2	R1	Rev/remvl crtd sns dev total
0270T	Q2	R1	Rev/remvl crtd sns dev lead

Non-Covered			
Code	Fee	Status Indicator	Description
0271T	Q2	R1	Rev/remvl crtd sns dev gen
0272T	S	R1	Interrogate crtd sns dev
0273T	S	R1	Interrogate crtd sns w/pgmng
0274T	T	R1	Perq lamot/lam crv/thrc
0275T	T	R1	Perq lamot/lam lumbar
0278T	Q1	R1	Tempr
0281T	C	R1	Laa closure w/implant
0282T	J1	R1	Periph field stimul trial
0283T	J1	R1	Periph field stimul perm
0284T	Q2	R1	Periph field stimul revise
0285T	S	R1	Periph field stimul analys
0286T	N	R1	Near ifr spectrsc of wounds
0287T	N	R1	Near ifr guide of vasc site
0288T	T	R1	Anoscopy w/rf delivery
0289T	N	R1	Laser inc for pkp/lkp donor
0290T	N	R1	Laser inc for pkp/lkp recip
0291T	N	R1	Iv oct for proc init vessel
0292T	N	R1	Iv oct for proc addl vessel
0293T	C	R1	Ins lt atrl press monitor
0294T	C	R1	Ins lt atrl press mont addon
0296T	Q1	R1	Ext ecg recording
0297T	Q1	R1	Ext ecg scan w/report

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Non-Covered			
Code	Fee	Status Indicator	Description
0299T	T	R1	Esw wound healing init wound
0300T	N	R1	Esw wound healing addl wound
0301T	S	R1	Mw therapy for breast tumor
0302T	J1	R1	Icar ischm mntrng sys compl
0303T	J1	R1	Icar ischm mntrng sys eltrd
0304T	J1	R1	Icar ischm mntrng sys device
0305T	Q1	R1	Icar ischm mntrng prgrm eval
0306T	Q1	R1	Icar ischm mntrng interr eva
0307T	Q2	R1	Rmvl icar ischm mntrng dvce
0308T	J1	R1	Insj ocular telescope prosth
0309T	C	R1	Prescl fuse w/ instr l4/l5
0310T	S	R1	Motor function mapping ntms
0311T	Q1	R1	Cal & alys cntrl artl press
0312T	C	R1	Laps impltj nstim vagus
0313T	T	R1	Laps rmvl nstim array vagus
0314T	Q2	R1	Laps rmvl vgl arry & pls gen
0315T	Q2	R1	Rmvl vagus nerve pls gen
0316T	J1	R1	Replc vagus nerve pls gen
0317T	Q1	R1	Elec alys vagus nrv pls gen
0330T	Q1	R1	Tear film img uni/bi w/i&r
0331T	S	R1	Heart symp image plnr
0332T	S	R1	Heart symp image plnr spect

Non-Covered			
Code	Fee	Status Indicator	Description
0335T	T	R1	Insertion of foot joint implant
0336T	T	R1	Destruction of growths in uterus with ultrasound guidance using an endoscope
0337T	S	R1	Noninvasive upper limbs blood vessel study
0338T	S	R1	Destruction of nerves of arteries of both kidneys accessed through the skin with fluoroscopy and radiological supervision and interpretation
0339T	S	R1	Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation
0340T	T	R1	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance
0341T	N	R1	Quantitative pupillometry with interpretation and report, unilateral or bilateral
0342T	S	R1	Therapeutic apheresis with selective hdl delipidation and plasma reinfusion
0345T	C	R1	Transcatheter mitral valve repair percutaneous approach via the coronary sinus
0346T	N	R1	Ultrasound, elastography (list separately in addition to code for primary procedure)
0347T	Q1	R1	Ins bone device for rsa
0348T	Q1	R1	RSA spine exam
0349T	Q1	R1	RSA upper extr exam
0350T	Q1	R1	RSA lower extr exam
0351T	N	R1	Intraop oct brst/node spec
0352T	B	R1	Oct brst/node i&r per spec

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Non-Covered			
Code	Fee	Status Indicator	Description
0353T	N	R1	Intraop oct breast cavity
0354T	B	R1	Oct breast surg cavity i&r
0355T	T	R1	GI tract capsule endoscopy
0356T	S	R1	Insrt drug device for iop
0357T	Q1	R1	Cryopreservation oocyte(s)
0358T	Q1	R1	BIA whole body
0359T	V	R1	Behavioral id assessment
0360T	V	R1	Observ behav assessment
0361T	N	R1	Observ behav assess addl
0362T	V	R1	Expose behav assessment
0363T	N	R1	Expose behav assess addl
0364T	S	R1	Behavior treatment
0365T	N	R1	Behavior treatment addl
0366T	S	R1	Group behavior treatment
0367T	N	R1	Group behav treatment addl
0368T	S	R1	Behavior treatment modified
0369T	N	R1	Behav treatment modify addl
0370T	S	R1	Fam behav treatment guidance
0371T	S	R1	Mult fam behav treat guide
0372T	S	R1	Social skills training group
0373T	S	R1	Exposure behavior treatment
0374T	N	R1	Expose behav treatment addl

Non-Covered			
Code	Fee	Status Indicator	Description
0375T	C	R1	Total disc arthrp ant appr
0376T	N	R1	Insert ant segment drain int
0377T	T	R1	Anoscopy inj agent for incont
0379T	Q1	R1	Vis field assmnt tech suppt
0380T	Q1	R1	Comp animat ret imag series
0381T	M	R1	Ext h rate epi sz 14 days
0382T	M	R1	Ext h rate sz 14 day ri only
0383T	M	R1	Ext h rate sz up to 30 days
0384T	M	R1	Ex h rate sz 30 day ri only
0385T	M	R1	Ex h rate for sz ovr 30 day
0386T	M	R1	Ex h rate sz 30+ day ri only
0387T	J1	R1	Leadless c pm ins/rpl ventr
0388T	T	R1	Leadless c pm remove ventr
0389T	Q1	R1	Prog eval inper leadls pm
0390T	N	R1	Periproc eval inper ledls pm
0391T	Q1	R1	Intergt eval inper leadls pm
0392T	T	R1	Lap es sph augment dev place
0393T	Q2	R1	Es sph augmnt device removal
19396	T	R1	Design custom breast implant
55400	T	R1	Repair of sperm duct
55970	T	R1	Sex transformation m to f
55980	T	R1	Sex transformation f to m

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Non-Covered			
Code	Fee	Status Indicator	Description
58321	T	R1	Artificial insemination
58322	T	R1	Artificial insemination
58323	T	R1	Sperm washing
58672	T	R1	Laparoscopy fimbrioplasty
58750	C	R1	Repair oviduct
58752	C	R1	Revise ovarian tube(s)
58760	C	R1	Fimbrioplasty
58970	T	R1	Retrieval of oocyte
58974	T	R1	Transfer of embryo
58976	T	R1	Transfer of embryo
64550	A	R1	Apply neurostimulator
76948	N	R1	Echo guide, ova aspiration
80400	N	R1	Acth stimulation panel
80402	N	R1	Acth stimulation panel
80406	N	R1	Acth stimulation panel
80408	N	R1	Aldosterone suppression eval
80410	N	R1	Calcitonin stimulat panel
80412	N	R1	CRH stimulation panel
80414	N	R1	Testosterone response
80415	N	R1	Estradiol response panel
80416	N	R1	Renin stimulation panel
80417	N	R1	Renin stimulation panel

Non-Covered			
Code	Fee	Status Indicator	Description
80418	N	R1	Pituitary evaluation panel
80420	N	R1	Dexamethasone panel
80422	N	R1	Glucagon tolerance panel
80424	N	R1	Glucagon tolerance panel
80426	N	R1	Gonadotropin hormone panel
80428	N	R1	Growth hormone panel
80430	N	R1	Growth hormone panel
80432	N	R1	Insulin suppression panel
80434	N	R1	Insulin tolerance panel
80435	N	R1	Insulin tolerance panel
80436	N	R1	Metyrapone panel
80438	N	R1	TRH stimulation panel
80439	N	R1	TRH stimulation panel
81007	N	R1	Urine screen for bacteria
81020	N	R1	Urinalysis, glass test
81050	N	R1	Urinalysis, volume measure
81213	A	R1	BRCA1&2 UNCOM DUP/DEL VAR

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Non-Covered			
Code	Fee	Status Indicator	Description
81227	A	R1	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)
81246	A	R1	Flt3 gene analysis
81252	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE
81253	A	R1	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; KNOWN FAMILIAL VARIANTS
81254	A	R1	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (EG, 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])
81260	A	R1	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)
81287	A	R1	MGMT (O-6-methylguanine-DNA methyltransferase) gene analysis
81288	A	R1	Mlh1 gene

Non-Covered			
Code	Fee	Status Indicator	Description
81291	A	R1	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)
81302	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81303	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81304	A	R1	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81313	A	R1	Pca3/klk3 antigen
81324	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS
81325	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81326	A	R1	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT

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Non-Covered			
Code	Fee	Status Indicator	Description
81350	A	R1	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)
81355	A	R1	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)
81410	N	R1	Aortic dysfunction/dilation
81411	N	R1	Aortic dysfunction/dilation
81415	N	R1	Exome sequence analysis
81416	N	R1	Exome sequence analysis
81417	N	R1	Exome re-evaluation
81425	N	R1	Genome sequence analysis
81426	N	R1	Genome sequence analysis
81427	N	R1	Genome re-evaluation
81430	N	R1	Hearing loss sequence analys
81431	N	R1	Hearing loss dup/del analys
81435	N	R1	Hereditary colon cancer
81436	N	R1	Hereditary colon ca synd
81440	N	R1	Mitochondrial gene
81445	N	R1	Targeted genomic seq analys
81450	N	R1	Targeted genomic seq analys

Non-Covered			
Code	Fee	Status Indicator	Description
81455	N	R1	Targeted genomic seq analys
81460	N	R1	Whole mitochondrial genome
81465	N	R1	Whole mitochondrial genome
81470	N	R1	X-linked intellectual dblt
81471	N	R1	X-linked intellectual dblt
81504	A	R1	Genetic profiling on oncology biopsy lesions
81507	A	R1	DNA analysis using maternal plasma
81519	N	R1	Oncology breast mrna
82075	A	R1	Assay of breath ethanol
82104	A	R1	Alpha-1-antitrypsin, pheno
82190	N	R1	Atomic absorption
82286	N	R1	Assay of bradykinin
82331	N	R1	Calcium infusion test
82387	N	R1	Assay of cathepsin-d
82397	N	R1	Chemiluminescent assay
82441	N	R1	Test for chlorohydrocarbons
82485	N	R1	Assay, chondroitin sulfate
82486	N	R1	Gas/liquid chromatography
82487	N	R1	Paper chromatography
82488	N	R1	Paper chromatography
82489	N	R1	Thin layer chromatography
82491	N	R1	Chromotography, quant, sing

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Non-Covered			
Code	Fee	Status Indicator	Description
82492	N	R1	Chromotography, quant, mult
82507	N	R1	Assay of citrate
82523	N	R1	Collagen crosslinks
82541	N	R1	Column chromatography, qual
82542	N	R1	Column chromatography, quant
82543	N	R1	Column chromatograph/isotope
82544	N	R1	Column chromatograph/isotope
82610	N	R1	Cystatin c
82657	A	R1	Enzyme cell activity
82658	A	R1	Enzyme cell activity, ra
82664	A	R1	Electrophoretic test
82757	N	R1	Assay of semen fructose
82759	N	R1	Assay of rbc galactokinase
82776	N	R1	Galactose transferase test
82820	N	R1	Hemoglobin-oxygen affinity
82963	N	R1	Assay of glucosidase
82978	N	R1	Assay of glutathione
83012	N	R1	Assay of haptoglobins
83088	N	R1	Assay of histamine
83499	N	R1	Assay of progesterone
83516	N	R1	Immunoassay, nonantibody
83518	N	R1	Immunoassay, dipstick

Non-Covered			
Code	Fee	Status Indicator	Description
83519	N	R1	Immunoassay, nonantibody
83520	N	R1	Immunoassay, RIA
83528	N	R1	Assay of intrinsic factor
83670	N	R1	Assay of lap enzyme
83727	N	R1	Assay of lrh hormone
83788	N	R1	Mass spectrometry qual
83789	N	R1	Mass spectrometry quant
83883	N	R1	Assay, nephelometry not spec
83918	N	R1	Organic acids, total, quant
83919	N	R1	Organic acids, qual, each
83993	N	R1	Assay for calprotectin fecal
84061	N	R1	Phosphatase, forensic exam
84085	N	R1	Assay of rbc pg6d enzyme
84150	N	R1	Assay of prostaglandin
84203	N	R1	Test RBC protoporphyrin
84206	N	R1	Assay of proinsulin
84235	N	R1	Assay of endocrine hormone
84270	N	R1	Assay of sex hormone globul
84275	N	R1	Assay of sialic acid
84315	N	R1	Body fluid specific gravity
84375	N	R1	Chromatogram assay, sugars
84376	N	R1	Sugars, single, qual

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Non-Covered			
Code	Fee	Status Indicator	Description
84377	N	R1	Sugars, multiple, qual
84378	N	R1	Sugars, single, quant
84379	N	R1	Sugars multiple quant
84482	N	R1	T3 reverse
84485	N	R1	Assay duodenal fluid trypsin
84525	N	R1	Urea nitrogen semi-quant
84597	N	R1	Assay of vitamin k
84830	N	R1	Ovulation tests
85130	N	R1	Chromogenic substrate assay
85170	N	R1	Blood clot retraction
85536	N	R1	Iron stain peripheral blood
85555	N	R1	RBC osmotic fragility
86023	N	R1	Immunoglobulin assay
86155	N	R1	Chemotaxis assay
86185	N	R1	Counterimmunoelectrophoresis
86280	N	R1	Hemagglutination inhibition
86327	N	R1	Immunoelectrophoresis assay
86331	N	R1	Immunodiffusion ouchterlony
86343	N	R1	Leukocyte histamine release
86344	N	R1	Leukocyte phagocytosis
86378	N	R1	Migration inhibitory factor
86822	N	R1	Lymphocyte culture, primed

Non-Covered			
Code	Fee	Status Indicator	Description
86940	N	R1	Hemolysins/agglutinins, auto
86941	N	R1	Hemolysins/agglutinins
87003	N	R1	Small animal inoculation
87176	N	R1	Tissue homogenization, cultr
87187	N	R1	Microbe susceptible, mlc
87197	N	R1	Bactericidal level, serum
88150	N	R1	Cytopath, c/v, manual
88152	N	R1	Cytopath, c/v, auto redo
88153	N	R1	Cytopath, c/v, redo
88154	N	R1	Cytopath, c/v, select
88341	N	R1	Immunohisto antibody slide
88344	N	R1	Immunohisto antibody slide
89272	S	R1	Extended culture of oocytes
89280	S	R1	Assist oocyte fertilization
89281	Q1	R1	Assist oocyte fertilization
89290	Q1	R1	Biopsy, oocyte polar body
89291	Q1	R1	Biopsy, oocyte polar body
89325	N	R1	Sperm antibody test
89329	N	R1	Sperm evaluation test
89330	N	R1	Evaluation, cervical mucus
89335	Q1	R1	Cryopreserve testicular tiss
89337	Q1	R1	Cryopreservation oocyte(s)

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Non-Covered			
Code	Fee	Status Indicator	Description
89342	Q1	R1	Storage/year; embryo(s)
89343	Q1	R1	Storage/year; sperm/semen
89344	Q1	R1	Storage/year; reprod tissue
89346	Q1	R1	Storage/year; oocyte(s)
89352	Q1	R1	Thawing cryopresrvd; embryo
89353	Q1	R1	Thawing cryopresrvd; sperm
89354	Q1	R1	Thaw cryoprsrvd; reprod tiss
89356	Q1	R1	Thawing cryopresrvd; oocyte
89398	Q1	R1	Unlisted reproductive medicine laboratory procedure
90585	K	R1	Bcg vaccine, percut
90634	N	R1	Hep a vacc ped/adol 3 dose
90645	N	R1	HIB VACCINE HBOC IM
90646	N	R1	Hib vaccine prp-d im
90660	L	R1	Flu vaccine, nasal (19 and older)
90660UC	L	R1	Flu vaccine, nasal (0 to 19 years)
90669	L	R1	Flu vacc cell cult prsv free
90690	N	R1	Typhoid vaccine oral
90703	N	R1	Tetanus vaccine im
90704	N	R1	Mumps vaccine sc
90705	N	R1	MEASLES VACCINE SC
90706	N	R1	RUBELLA VACCINE SC

Non-Covered			
Code	Fee	Status Indicator	Description
90708	N	R1	MEASLES-RUBELLA VACCINE SC
90712	N	R1	Oral poliovirus vaccine
90719	N	R1	Diphtheria vaccine im
90721	N	R1	DTAP/HIB VACCINE IM
90725	N	R1	Cholera vaccine injectable
90743	F	R1	Hep b vacc adol 2 dose im
90845	Q3	R1	Psychoanalysis
90846	Q3	R1	Family psytx w/o patient
90849	Q3	R1	Multiple family group psytx
90865	Q3	R1	Narcosynthesis
90867	S	R1	Tcranial magn stim tx plan
90868	S	R1	Tcranial magn stim tx deli
90869	S	R1	Tcran magn stim redetermine
90880	Q3	R1	Hypnotherapy
90885	N	R1	Psy evaluation of records
90889	N	R1	Preparation of report
90901	A	R1	Biofeedback train, any meth
90911	T	R1	Biofeedback peri/uro/rectal
92140	Q1	R1	Glaucoma provocative tests
92311	Q1	R1	Contact lens fitting
92312	Q1	R1	Contact lens fitting
92313	Q1	R1	Contact lens fitting

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Non-Covered			
Code	Fee	Status Indicator	Description
92315	Q1	R1	Prescription of contact lens
92316	Q1	R1	Prescription of contact lens
92317	Q1	R1	Prescription of contact lens
92325	Q1	R1	Modification of contact lens
92326	Q1	R1	Replacement of contact lens
92352	Q1	R1	Special spectacles fitting
92353	Q1	R1	Special spectacles fitting
92354	Q1	R1	Special spectacles fitting
92355	Q1	R1	Special spectacles fitting
92358	Q1	R1	Eye prosthesis service
92371	Q1	R1	Repair & adjust spectacles
92512	S	R1	Nasal function studies
92516	S	R1	Facial nerve function test
92531	N	R1	Spontaneous nystagmus study
92532	N	R1	Positional nystagmus test
92533	N	R1	Caloric vestibular test
92534	N	R1	Optokinetic nystagmus test
92572	Q1	R1	Staggered spondaic word test
92583	Q1	R1	Select picture audiometry
92584	S	R1	Electrocochleography
92596	Q1	R1	Ear protector evaluation
92605	A	R1	Eval for nonspeech device rx

Non-Covered			
Code	Fee	Status Indicator	Description
92606	A	R1	Non-speech device service
92618	A	R1	Ex for nonspeech dev rx add
92620	Q1	R1	Auditory function, 60 min
92621	N	R1	Auditory function, + 15 min
92640	Q1	R1	Aud brainstem implt programg
93786	Q1	R1	Ambulatory BP recording
93788	Q1	R1	Ambulatory BP analysis
94014	Q1	R1	Patient recorded spirometry
94015	Q1	R1	Patient recorded spirometry
94016	A	R1	Review patient spirometry
94452	Q1	R1	Hast w/report
94453	Q1	R1	Hast w/oxygen titrate
94664	Q1	R1	Evaluate pt use of inhaler
94760	N	R1	Measure blood oxygen level
94761	N	R1	Measure blood oxygen level
94775	S	R1	Ped home apnea rec, hk-up
94776	S	R1	Ped home apnea rec, downld
94780	Q1	R1	Car seat/bed test 60 min
94781	N	R1	Car seat/bed test + 30 min
95831	A	R1	Limb muscle testing, manual
95832	A	R1	Hand muscle testing, manual
95833	A	R1	Body muscle testing, manual

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Non-Covered			
Code	Fee	Status Indicator	Description
95834	A	R1	Body muscle testing, manual
95875	S	R1	Limb exercise test
95933	Q1	R1	Blink reflex test
95941	N	R1	Ionm remote/>1 pt or per hr
95954	S	R1	EEG monitoring/giving drugs
95992	A	R1	Canalith repositioning procedure(s) (EG, Epley Maneuver, Semont Manuever), per
96125	A	R1	Cognitive test by hc pro
96150	Q3	R1	Assess hlth/behave, init
96151	Q3	R1	Assess hlth/behave, subseq
96152	Q3	R1	Intervene hlth/behave, indiv
96153	Q3	R1	Intervene hlth/behave, group
96154	Q3	R1	Interv hlth/behav, fam w/pt
96900	Q1	R1	Ultraviolet light therapy
96902	N	R1	Trichogram
96904	N	R1	Whole body photography
96913	T	R1	Photochemotherapy, UV-A or B
97010	A	R1	Hot or cold packs therapy
97113	A	R1	Aquatic therapy/exercises
97150	A	R1	Group therapeutic procedures
97537	A	R1	Community/work reintegration
97545	A	R1	Work hardening

Non-Covered			
Code	Fee	Status Indicator	Description
97610	T	R1	Low frequency, non-contact, non-thermal ultrasound wound assessment, and instructions for ongoing care, per day
97750	A	R1	Physical performance test
97755	A	R1	Assistive technology assess
97802	A	R1	Medical nutrition, indiv, in
97803	A	R1	Med nutrition, indiv, subseq
97804	A	R1	Medical nutrition, group
99078	N	R1	Group health education
99091	N	R1	Collect/review data from pt
99184	C	R1	Hypothermia ill neonate
99190	C	R1	Special pump services
99191	C	R1	Special pump services
99192	C	R1	Special pump services
99358	N	R1	Prolonged serv, w/o contact
99359	N	R1	Prolonged serv, w/o contact
99366	N	R1	Team conf w/pat by hc pro
99367	N	R1	Team conf w/o pat by phys
99368	N	R1	Team conf w/o pat by hc pro
99487	N	R1	Cmplx chron care w/o pt vsit
99489	N	R1	Complx chron care addl30 min
99490	V	R1	Chron care mgmt srvc 20 min
99497	N	R1	Advncd care plan 30 min

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Non-Covered			
Code	Fee	Status Indicator	Description
99498	N	R1	Advncd care plan addl 30 min
A0432	A	R1	PI volunteer ambulance co
A0434	A	R1	Specialty care transport
A4216	N	R1	Sterile water/saline, 10 ml
A4217	N	R1	Sterile water/saline, 500 ml
A4459	N	R1	Manual pump enema, reusable
A4602	N	R1	Replace lithium battery 1.5v
A7047	N	R1	Resp suction oral interface
A7048	N	R1	Vacuum drain bottle/tube kit
A9586	G	R1	Florbetapir f18
C1841	H	R1	Retinal prosth int/ext comp
C9734	S	R1	U/S trtmt, not leiomyomata
D0150	S	R1	Comprehensve oral evaluation
D0240	S	R1	Intraoral occlusal film
D0250	S	R1	Extraoral first film
D0260	S	R1	Extraoral ea additional film
D0270	S	R1	Dental bitewing single film
D0272	S	R1	Dental bitewings two films
D0274	S	R1	Dental bitewings four films
D0277	S	R1	Vert bitewings-sev to eight
D0460	S	R1	Pulp vitality test
D1510	S	R1	Space maintainer fxd unilat

Non-Covered			
Code	Fee	Status Indicator	Description
D1515	S	R1	Fixed bilat space maintainer
D1520	S	R1	Remove unilat space maintain
D1525	S	R1	Remove bilat space maintain
D1550	S	R1	Recement space maintainer
D2999	S	R1	Dental unspec restorative pr
D3460	S	R1	Endodontic endosseous implan
D3999	S	R1	Endodontic procedure
D4260	S	R1	Osseous surgery per quadrant
D4263	S	R1	Bone replce graft first site
D4264	S	R1	Bone replce graft each add
D4268	S	R1	Surgical revision procedure
D4270	S	R1	Pedicle soft tissue graft pr
D4273	S	R1	Subepithelial tissue graft
D4355	S	R1	Full mouth debridement
D4381	S	R1	Localized delivery antimicro
D5911	S	R1	Facial moulage sectional
D5912	S	R1	Facial moulage complete
D5983	S	R1	Radiation applicator
D5984	S	R1	Radiation shield
D5985	S	R1	Radiation cone locator
D5987	S	R1	Commissure splint
D6920	S	R1	Dental connector bar

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Non-Covered			
Code	Fee	Status Indicator	Description
D7111	S	R1	Extraction coronal remnants
D7140	S	R1	Extraction erupted tooth/exr
D7210	S	R1	Rem imp tooth w mucoper flap
D7220	S	R1	Impact tooth remov soft tiss
D7230	S	R1	Impact tooth remov part bony
D7240	S	R1	Impact tooth remov comp bony
D7241	S	R1	Impact tooth rem bony w/comp
D7250	S	R1	Tooth root removal
D7260	S	R1	Oral antral fistula closure
D7261	S	R1	Primary closure sinus perf
D7291	S	R1	Transseptal fibrotomy
D7940	S	R1	Reshaping bone orthognathic
D9110	N	R1	Tx dental pain minor proc
D9630	S	R1	Other drugs/medicaments
D9930	S	R1	Treatment of complications
D9940	S	R1	Dental occlusal guard
D9950	S	R1	Occlusion analysis
D9951	S	R1	Limited occlusal adjustment
D9952	S	R1	Complete occlusal adjustment
G0106	S	R1	Colon ca screen;barium enema
G0129	P	R1	Partial hosp prog service
G0166	Q1	R1	Extrnl counterpulse, per tx

Non-Covered			
Code	Fee	Status Indicator	Description
G0177	N	R1	OPPS/PHP; train & educ serv
G0237	Q1	R1	Therapeutic proced strg endur
G0238	Q1	R1	Oth resp proc, indiv
G0239	Q1	R1	Oth resp proc, group
G0248	V	R1	Demonstrate use home inr mon
G0249	V	R1	Provide test material,equipm
G0259	N	R1	Inject for sacroiliac joint
G0270	A	R1	MNT subs tx for change dx
G0271	A	R1	Group MNT 2 or more 30 mins
G0276	T	R1	Pild/placebo control clin tr
G0281	A	R1	Elec stim unattend for press
G0283	A	R1	Elec stim other than wound
G0293	Q1	R1	Non-cov surg proc,clin trial
G0294	Q1	R1	Non-cov proc, clinical trial
G0302	S	R1	Pre-op service LVRS complete
G0303	S	R1	Pre-op service LVRS 10-15dos
G0304	S	R1	Pre-op service LVRS 1-9 dos
G0305	S	R1	Post op service LVRS min 6
G0329	A	R1	Electromagntic tx for ulcers
G0389	S	R1	Ultrasound exam AAA screen
G0396	S	R1	Alcohol/subs interv 15-30mn
G0397	S	R1	Alcohol/subs interv >30 min

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Non-Covered			
Code	Fee	Status Indicator	Description
G0398	S	R1	Home Sleep Test/type 2 Porta
G0399	S	R1	Home Sleep Test/type 3 Porta
G0400	S	R1	Home Sleep Test/type 4 Porta
G0402	V	R1	Initial preventive exam
G0403	M	R1	EKG for initial prevent exam
G0404	S	R1	EKG tracing for initial prev
G0405	B	R1	EKG interpret & report preve
G0410	P	R1	Group psychotherapy, not multiple-family, partial hospital setting, appro. 45 - 50 min
G0411	P	R1	Interactive group psychotherapy, partial hospital setting, appro. 45 - 50 min
G0416	S	R1	Sat biopsy 10-20
G0438	A	R1	PPPS, initial visit
G0439	A	R1	PPPS, subseq visit
G0453	N	R1	Cont intraop neuro monitor
G0458	B	R1	LDR PROSTATE BRACHY COMP RAT
G0460	T	R1	Autologous PRP for ulcers
G0473	S	R1	Group behave couns 2-10
G3001	S	R1	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG
G9017	A	R1	Amantadine HCL 100mg oral
G9018	A	R1	Zanamivir, inhalation pwd 10m
G9019	A	R1	Oseltamivir phosphate 75mg

Non-Covered			
Code	Fee	Status Indicator	Description
G9020	A	R1	Rimantadine HCL 100mg oral
G9033	A	R1	Amantadine HCL oral brand
G9034	A	R1	Zanamivir, inh pwdr, brand
G9035	A	R1	Oseltamivir phosp, brand
G9036	A	R1	Rimantadine HCL, brand
G9143	N	R1	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
J0365	K	R1	Aprotonin, 10,000 kiu
J0833	K	R1	Cosyntropin injection NOS
J1205	K	R1	Chlorothiazide sodium inj
J1430	K	R1	Ethanolamine oleate 100 mg
J1955	B	R1	Inj levocarnitine per 1 gm
J2670	K	R1	Totazoline hcl injection
J2850	K	R1	Inj secretin synthetic human
J3350	K	R1	Urea injection
J3355	K	R1	Urofollitropin, 75 iu
J7502	N	R1	Cyclosporine oral 100 mg
J7505	N	R1	Monoclonal antibodies
J7507	N	R1	Tacrolimus oral per 1 MG
J7517	N	R1	Mycophenolate mofetil oral
J7518	N	R1	Mycophenolic acid
J7520	N	R1	Sirolimus, oral

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Non-Covered			
Code	Fee	Status Indicator	Description
J8501	K	R1	Oral aprepitant
J8510	N	R1	Oral busulfan
J8520	K	R1	Capecitabine, oral, 150 mg
J8521	K	R1	Capecitabine, oral, 500 mg
J8560	K	R1	Etoposide oral 50 MG
J8650	K	R1	Nabilone oral
J9218	N	R1	Leuprolide acetate injecton
J9270	N	R1	Plicamycin (mithramycin) inj
K0672	A	R1	Add to lower ext orthosis, removable soft interface, all comp
K0744	A	R1	Absorp drg <= 16 suc pump
K0745	A	R1	Absorp drg >16 <=48 suc pump
K0746	A	R1	Absorp drg >48 suc pump

Non-Covered			
Code	Fee	Status Indicator	Description
K0901	A	R1	Ko single upright pre ots
K0902	A	R1	Ko double upright pre ots
L5859	A	R1	Knee-shin pro flex/ext cont
L9900	N	R1	O&P supply/accessory/service
P2028	A	R1	Cephalin flocculation test
P2029	A	R1	Congo red blood test
P2033	A	R1	Blood thymol turbidity
P2038	A	R1	Blood mucoprotein
P9603	A	R1	One-way allow prorated miles
P9604	A	R1	One-way allow prorated trip
Q9968	K	R1	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg
Q9978	G	R1	Netupitant Palonosetron oral

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Pay status "A/B" fee schedule items in the following code ranges are considered R1/SI. If applicable, they may be billed by the appropriately enrolled MDCH (i.e., DME, Vision, Practitioner) provider.

Code	Fee	Status Indicator	Description
A4216 - A9901	A	R1	Misc Med/Surg - DME Supplies
E0203 - E2625	A	R1	DME Supplies
G0270 - G9044*	A	R1	Procedures Exceptions: G0306, G0307, G0328, G0420, G0421, G0422, G0423, G0424, G0431, G0432, G0433, G0434, G0435, & G9041
L0112 - L9900	A	R1	Orthotics
L4386 - L9900	A	R1	Prothetics
V2020 - V2799	A	R1	Vision

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